

To:

Physician Clinics

Physicians

HMOs and Other
Managed Care
Programs

Bariatric Surgery Clarification and Reminders

Wisconsin Medicaid has revised the prior authorization criteria for bariatric surgery for those recipients with a body mass index of 40 or greater. The information in this *Wisconsin Medicaid and BadgerCare Update* replaces the bariatric surgery information in the Physician Services Handbook.

Wisconsin Medicaid has revised the prior authorization (PA) criteria for bariatric surgery (also known as gastric bypass or gastric restrictive surgery) for those recipients with a body mass index (BMI) of 40 or greater. Effective immediately, recipients with a BMI of 40 or greater must have at least one (or more) diagnosed comorbid medical condition(s) that has not responded to appropriate treatment and threatens the recipient's life.

The information in this *Wisconsin Medicaid and BadgerCare Update* replaces the bariatric surgery information in the Physician Services Handbook. The italicized text in the following section of this *Update* is the additional requirement for recipients with a BMI of 40 or greater. All other PA criteria for bariatric surgery remain the same.

Prior Authorization Approval Criteria

All Medicaid-allowable bariatric surgery procedures (*Current Procedural Terminology* procedure codes 43644, 43645, 43659, 43842, 43843, 43846, 43847, 43848) require PA. The approval criteria for PA requests for Medicaid-

covered bariatric surgery procedures include all of the following:

- The recipient must have one of the following:
 - ✓ A BMI of 40 or greater *and there is at least one (or more) diagnosed comorbid medical condition(s) that has not responded to appropriate treatment and threatens the recipient's life*, or
 - ✓ A BMI of between 35 and 39 with documented high-risk, comorbid medical conditions that have not responded to medical management and are a threat to life (e.g., clinically significant obstructive sleep apnea, Pickwickian syndrome, obesity-related cardiomyopathy, coronary heart disease, medically refractory hypertension, or severe diabetes mellitus), and
- The recipient must have attempted weight loss in the past without successful long-term weight reduction. These attempts may include, but are not limited to, diet restrictions/supplements, behavior modification, physician-supervised weight loss plans, physical activity programs, commercial or professional programs, or pharmacological therapy.
- The PA request must include clinically documented evidence of all of the following:
 - ✓ A minimum of six months of demonstrated adherence by the recipient to a physician-supervised

weight management program with at least three consecutive months of participation in this program prior to the date of surgery in order to improve surgical outcomes, reduce the potential for surgical complications, and establish the recipient's ability to comply with postoperative medical care and dietary restrictions. Supporting documentation must include a physician's assessment of the recipient's participation and progress throughout the course of the program. A physician's summary letter is not sufficient supporting clinical documentation.

- ✓ Agreement by the recipient to attend a medically supervised postoperative weight management program for a minimum of six months for the purpose of ongoing dietary, physical activity, behavioral/psychological, and medical education and monitoring.
- The recipient must receive a preoperative evaluation by an experienced and knowledgeable multi-disciplinary bariatric treatment team composed of health care providers with medical, nutritional, and psychological experience. This evaluation must include all of the following:
 - ✓ A complete history and physical examination, specifically evaluating for obesity-related comorbidities that would require preoperative management.
 - ✓ Evaluation for any correctable endocrinopathy that might contribute to obesity.
 - ✓ Dietary assessment and counseling.
 - ✓ Psychological/psychiatric evaluation and clearance to determine the stability of the recipient in terms of tolerating the operative procedure and

postoperative sequelae, as well as the likelihood of the recipient participating in an ongoing weight management program following surgery. Recipients receiving active treatment for a psychiatric disorder should receive evaluation by their treatment provider prior to bariatric surgery and be cleared for bariatric surgery.

- The recipient must be 18 years of age or older and have completed growth.

All of the following must be included in the PA request:

- A completed Prior Authorization Request Form (PA/RF), HCF 11018 (Rev. 10/03).
- A completed Prior Authorization/Physician Attachment (PA/PA), HCF 11016 (Rev. 01/03).
- Clinical documentation supporting the criteria.

The following procedures are considered investigational, inadequately studied, or unsafe and therefore are not covered by Wisconsin Medicaid:

- Gastric balloon.
- Biliopancreatic bypass.
- Loop gastric bypass.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250